

# U.S. SENATOR RUSS FEINGOLD

## 2004 APPLICATION FOR NOMINATION TO U.S. SERVICE ACADEMIES

NAME (INC MIDDLE INITIAL): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ DAYTIME NUMBER: ( ) \_\_\_\_\_

I wish to apply for Senator Feingold's nomination to the following service academies: (Numerically rank in order of preference. Do not rank an academy unless you wish to attend and will accept an offer of appointment.)

- ( ) UNITED STATES AIR FORCE ACADEMY (COLORADO SPRINGS)  
( ) UNITED STATES MILITARY ACADEMY (WEST POINT)  
( ) UNITED STATES NAVAL ACADEMY (ANNAPOLIS)  
( ) UNITED STATES MERCHANT MARINE ACADEMY (KINGS POINT,NY)

YOUR CONGRESSIONAL DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL  
PHONE NUMBER: \_\_\_\_\_ ADVISOR: \_\_\_\_\_  
CLASS STANDING: # \_\_\_\_\_ OF \_\_\_\_\_ (TOTAL) GRADE POINT: \_\_\_\_\_

(Remember to include a copy of your official school transcripts for high school and college if applicable)

### COLLEGE ENTRANCE EXAMINATION INFORMATION

Please indicate the date you took your exams and whether you plan to retake the tests:

EXAMINATION DATE: _____	ACT SCORES
REEXAMINATION DATE: _____	ENGLISH: _____
	MATH: _____
SAT SCORES	READING: _____
VERBAL: _____	SCIENCE: _____
MATH: _____	COMPOSITE: _____

(OVER)

**INCLUDE WITH THIS COMPLETED APPLICATION A BRIEF LISTING OF THE FOLLOWING:**

- A. ALL SCHOOL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED.  
INCLUDE CLUBS, ATHLETICS, SCHOOL ORGANIZATIONS, ETC.  
INDICATE ANY LEADERSHIP ROLES WITHIN THOSE ACTIVITIES.
- B. ALL SCHOLASTIC HONORS, AWARDS, AND SCHOLARSHIPS RECEIVED.
- C. ALL EXTRACURRICULAR HONORS, ACHIEVEMENTS AND AWARDS RECEIVED.
- D. ALL NON-SCHOOL RELATED ACTIVITIES IN WHICH YOU HAVE  
PARTICIPATED (COMMUNITY GROUPS, CHURCH GROUPS, SCOUTING, ETC).
- E. IF YOU ARE CURRENTLY EMPLOYED OR HAVE WORKED PREVIOUSLY  
(ie SUMMERS, PART TIME AFTER SCHOOL), LIST EMPLOYER NAME,  
RESPONSIBILITIES, DATES OF EMPLOYMENT, AND HOURS WORKED.
- F. ANY OTHER ACTIVITIES YOU WOULD LIKE TO INCLUDE (HOBBIES,  
SPECIAL INTERESTS, RECREATIONAL ACTIVITIES).

**HEALTH INFORMATION**

ARE YOU AWARE OF ANY MEDICAL PROBLEM, PAST OR PRESENT, THAT MAY  
AFFECT YOUR ABILITY TO ATTEND A SERVICE ACADEMY ? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF CITIZENSHIP**

I do hereby certify that I am a United States citizen and a  
resident of the State of Wisconsin. I do further certify that I  
have never been married and that I will not be less than 17 years  
of age nor more than 22 years of age on July 1st of the year that  
I hope to enter the Academy of my choice.

SIGNATURE OF APPLICANT: \_\_\_\_\_  
DATE: \_\_\_\_\_

COMPLETED APPLICATIONS MUST BE RECEIVED BY **OCTOBER 15, 2004**. SEND  
ALL DOCUMENTATION TO:

SENATOR RUSS FEINGOLD  
ATTN: MICHELLE MURRAY  
1600 ASPEN COMMONS, RM 100  
MIDDLETON, WISCONSIN 53562

IF YOU HAVE QUESTIONS  
ABOUT THIS APPLICATION  
CONTACT MICHELLE MURRAY  
or LAKINDRA MOHR AT  
(608) 828-1200

**NOTE: Please do not send application materials to my  
Washington, DC office. This will delay the receipt  
of your application.**